## UServeUtah AmeriCorps Program Reimbursement Request

Grantee:	Vendor#:	Contract#:
Request #:	Time Period:	Funds Requested:
	Carlina Diagle	

Grant Year: 2016-2017

				Quarter 1 Expenses Jul - Sep (Due Oct 20th)			Quarter 2 Expenses Oct - Dec (Due Jan 20th)			Quarter 3 Expenses Jan - Mar (Due Apr 20th)			Quarter 4 Expenses Apr - Jun (Due Jul 20th)			Quarter 5 Expenses If Needed: Jul - Sep (Due Oct 20th)			Year to Date					
	Grant	Budget Match	Total	Grant	Match	Zutn) Total	Grant	Match	Zuth) Total	Jan -	Mar (Due Api	Total	Apr -	Match	Zuth) Total	If Needed:	Jul - Sep (Due Match	Total	Grant	Expenses Match	Total	Grant	Balance Match	Total
SECTION I. Program Operating Costs																								
Personnel Expenses			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Personnel Fringe Benefits			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Travel			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Travel			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractural And Consultant Services			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Training			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Training			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Evaluation			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Program Operating Costs			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SECTION II. Member Costs																								
Living Allowance			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FICA for Members			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Care			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Member Costs			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SECTION III. Administrative Costs																								
Corporation Fixed Amount			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Federally Approved Indirect Cost Rate			\$0.00			\$0.00			\$0.00	_		\$0.00			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CNCS / Grantee Share:	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%